

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>AIS-0008</b>	
		First Inventor <b>Akira Shoji</b>	
		Title <b>METHOD FOR FORMING JOSEPHSON JUNCTION, JOSEPHSON JUNCTION AND APPARATUS USING JOSEPHSON JUNCTION</b>	
		Express Mail Label No. _____	

  

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>22</b>]</span> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>13</b>]</span> 5. Oath or Declaration <span style="float: right;">[Total Sheets <b>3</b>]</span> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li> </ul> </li> </ul> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:             <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>
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<b>ACCOMPANYING APPLICATIONS PARTS</b>
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other: _____

  

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation   
 ☐ Divisional   
 ☐ Continuation-in-part (CIP)   
 of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_    Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

  

<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number: <b>23353</b> OR <input checked="" type="checkbox"/> Correspondence address below					
Name <b>RADER, FISHMAN &amp; GRAUER PLLC</b>					
Address <b>1233 20th Street, N.W. Suite 501</b>					
City	Washington	State	DC	Zip Code	20036
Country	US	Telephone	(202) 955-3750	Fax	(202) 955-3751

  

Name (Print/Type) <b>Robert S. Green</b>	Registration No. (Attorney/Agent) <b>41,800</b>
Signature	Date <b>August 21, 2003</b>

 10/644801  
 08/21/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 0;">Effective 01/01/2003, Patent fees are subject to annual revision.</p>				<b>Complete if Known</b>																																																																																																																																																																																							
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<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check                     <input type="checkbox"/> Credit Card                     <input type="checkbox"/> Money Order                     <input type="checkbox"/> Other                     <input type="checkbox"/> None                 </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Deposit Account                 </div> <div style="margin-top: 5px;">                     Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">18-0013</span> </div> <div style="margin-top: 5px;">                     Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Rader, Fishman &amp; Grauer PLLC</span> </div> <p style="font-size: small; margin-top: 5px;">The Director is hereby authorized to: (check all that apply)</p> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Charge fee(s) indicated below                     <input checked="" type="checkbox"/> Credit any overpayments                 </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.                 </div>				<b>3. ADDITIONAL FEES</b>																																																																																																																																																																																							
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Name (Print/Type)		Robert S. Green		Registration No. (Attorney/Agent)		41,800																																																																																																																																																																																					
Telephone		(202) 955-3750		Date		August 21, 2003																																																																																																																																																																																					
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